



Project Status

Timelines and Expectations





Current Status

- Since the beginning of Medicaid, this is the Single Largest Investment in Medicaid LTC (Ever!)
- 31 States have been awarded \$1,435,709,479
- Projected Number: 37,731 Individuals
- Cross section of LTC populations including elders, individuals with DD and PD, TBI and MI.





Transitioned Individuals

- Projected Number: 37,731 Individuals
- Of these:
 - 16,694 are elderly
 - 9,900 are PD
 - 7,422 are MR/DD
 - 2,282 are MI
 - 433 have dual diagnoses





Goals of MFP

 Transition individuals from qualified institutions to qualified community-based residences

 Rebalance the long-term care system by "right-sizing" our institutional and community-based system





Embedded throughout MFP

- Goal of increasing HCBS rather than institutional, long-term care services
- Ensure that QA/QI procedures are in place
 - Address stakeholder concerns regarding unknown systems of care
 - Learn from our institutional providers
 - Increase our level of confidence regarding QA/QI
 - Create a whole new world for QA/QI





Embedded in MFP, continued

 Eliminate barriers or mechanisms that restrict the use of Medicaid funds so that individuals receive support for LTC services in settings of their choice.





Where are these barriers?

- State laws, State Medicaid plan, the State budget, etc.
- Federal laws, regulations, and policies.
 - New Freedom Initiative
 - Rutgers re-examining "Delivering on the Promise"
 - National Balancing Indicators Contract
- Individual Beliefs Stakeholder resistance, NIMBY, etc.





How do we fix them?

- Dialogue -States and Federal government
- Strengthen stakeholder involvement
- Create strategies for global financing
- Establish more one-stop shops
- Increase our trained community workforce
- Increase self direction options
- Increase the utilization of transition coordinators
- Improve quality management strategies





And the good news is....!

- All of these actions, as part of your rebalancing efforts, can be used as benchmarks for your MFP demonstration.
- This again, makes this MFP demonstration program, more than just a NFT program.
 These measurable, annual outcomes are a major part of what this demonstration is all about.





Demonstration Grants Key Resources

- MFP Rebalancing Demonstration Funding Announcement July 24, 2007
- CMS Trainings and upcoming 2008 MFP Conference
- MFP Resources Website
 - www.mfpresources.com all key documents, including State summaries, policy clarifications such as reimbursement of transition services costs, finder file and service file lay-outs, etc.
- Award Packet Award Letter, Award Profile, Terms and Conditions, and Financial Assistance Award ("official" notification of your grant award).





Terms & Conditions

- Very important to review these. New ones will accompany each supplemental MFP award and will be used in conjunction with the first MFP award terms and conditions.
- Contains General, Programmatic Special Terms and Conditions, and State Specific Terms and Conditions.
- General Terms and Conditions address:
 - Protection of human subjects, restrictions on lobbying, cost principles for state governments, audits of states, etc.





MFP Program Specific and State Specific Ts & Cs

- MFP Reporting (Progress and Financial)
- Requirements when working with the CMS National Demonstration Evaluator – MPR.
- Required Attendance, at grantee expense, at the annual MFP conference.
- Product Development CMS has royalty-free, non-exclusive, and irrevocable rights to reproduce, publish, etc. grantee materials.
- MFP State Specific Ts & Cs just for your grant.





Project Period and Scope

- All grants were authorized through September 30, 2011.
- All States must participate for at least two consecutive years in the demonstration.
- States have the flexibility to propose the scope and focus of their transition efforts within that timeframe.
- Great opportunity to be creative by offering additional HCB demonstration services and supplemental demonstration services. These services must be outlined in your Operational Protocol prior to submission to CMS.





More Hallmarks of MFP

- All grants have both a pre-implementation phase and an operational phase.
- Requirement for a full time, dedicated project director for the Grant.
- The project director must be on-board before implementation of the grant.
- Until the project director is on-board, an OP submission can undergo a first comprehensive CMS team review. Formal comments will be furnished to the State, however, additional review and "negotiations" will not occur until the Project Director is engaged.





Operational Protocols

OP Due Dates to CMS				
Currently three OPs have been submitted to CMS				
September 2007	one			
October 2007	six			
November 2007	four			
December 2007	eight			
First Quarter of 2008	All the rest!			





Operational Protocols

- This is really the "contract" between you and CMS.
- Anyone should be able to read your OP and see exactly how your MFP demonstration operates. Case study is particularly valuable.
- Once approved, any potential revisions must be formally submitted and approved by CMS.





After your OP approval, what's next....

- Continued ongoing communication with your CMS PO, members of MPR, and your TA providers.
- Continued participation in CMS sponsored training calls.
- Continued discussion of key components of your MFP program.
- Discussion of attainment of annual benchmarks.





After OP approval, cont....

- CMS will soon be providing guidance regarding the review of the annual benchmarks and the process/template for requests for supplemental awards.
- We have established and will soon issue formal guidance for a "calendar year" process, for benchmark review and supplemental awards, so everyone is rolling forward at the same time. This makes for better efficiency for all of us.





Office of Acquisition and Grants Management (OAGM)

- Keepers of the official records
- Handles all the "business" aspects of the MFP grants, and all grants released by CMS
- Financial Report Form 269a due 4/29 and October 30th for interim reports, and due December 30th for final report. OAGM needs original plus two copies.





FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agence to Which Repo	ry and Organizational Element ort is Submitted	Federal Grant or Other Identifying Number Assigned By Federal Agency			OMB Approval No. 0348-0038	Page of pages	
 Recipient Orga 	anization (Name and complete	address, including ZIP code)					
4. Employer Iden	tification Number	5. Recipient Account Num	ber or Identifying Number	6. Final Report	7. Basis		
From: (Month, Day, Year) To: (Month, Day, Year)		Period Covered by this Report From: (Month, Day, Year)		To: (Month, Da	To: (Month, Day, Year)		
10. Transactions:			Previously Reported	II This Period		III Cumulative	
a. Total out	lays					0.00	
b. Recipient share of outlays						0.00	
c. Federal share of outlays					0.00		
d. Total unli	iquidated obligations						
e. Recipier	nt share of unliquidated obligation	ons					
f. Federal s	hare of unliquidated obligations	0					
g. Total Fed	eral share(Sum of lines c and f	6				0.00	
h. Total Fed	deral funds authorized for this fo	inding period					
i. Unobligat	ed balance of Federal funds/Lin	e h minus line g)				0.00	
	a. Type of Rate(Place "X"						
11. Indirect Expense	b. Rate	c. Base	d. Total Amount	Final	Fixed Federal Share		
12. Remarks: Att legislation.	tach any explanations deemed	Lecessary or information require	red by Federal sponsoring	agency in complian	nce with governing		
AND DO DO CONTRACTOR		nowledge and belief that this e for the purposes set forth i					
Typed or Printed Name and Title			Telephone (Area code, number and extension)				
Signature of Authorized Certifying Official				Date Report Submitted			
				September 21	, 2007		
USN 7540-01-216	4207	269	202		Standard Form 26	0A (Par. 7.0)	

Prescribed by OMB Circulars A-102 and A-110





Summary

- CMS and all of its partners will work with you to make MFP the success we hope it to be.
- Be as candid as possible in your upcoming "Needs Assessment" so that you get all the help and support you need.
- Continue to ask questions and voice your concerns.